

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33487

State File No. ....

8034

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. ....   |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                                   |  | <b>2137</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Jewish Hospital</b>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>3 8700 O'Dell Ave.</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Theodore</b>  |  | a. (First)  |  | b. (Middle)  |  | c. (Last)<br><b>Tegethoff</b>  |  |
| 4. DATE OF DEATH<br><b>Aug 21 1952</b>   |  | 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>  |  |
| 8. DATE OF BIRTH<br><b>April 15 1875</b>   |  | 9. AGE (In years last birthday)<br><b>77</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Butcher</b>       |  | 11. BIRTHPLACE (State or foreign country)<br><b>Illinois</b>             |  |
| 12. CITIZEN OF WHAT COUNTRY?   |  | 13a. FATHER'S NAME<br><b>Frank Tegethoff</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Schmidt</b>  |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Tillie Putze Alton Ill.</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the lower lip and cheek</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b)<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21f. HOW DID INJURY OCCUR?<br><b>140X</b>                                |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>June 20, 1952</b> , to <b>Aug. 21, 1952</b> , that I last saw the deceased alive on <b>Aug. 21, 1952</b> , and that death occurred at <b>6:30 P.M.</b> from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE<br><b>E. E. Greenfield</b>  |  | (Deputy or title)   |  | 23b. ADDRESS<br><b>4500 Olive St.</b>  |  | 23c. DATE SIGNED<br><b>8/23/52</b>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>8/26/52</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>City Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Alton Ill.</b>       |  |
| DATE REC'D BY LOCAL REG.<br><b>AUG 25 1952</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Sullivan</b>  |  | ADDRESS<br><b>2849 N. Euclid Ave.</b>                                    |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.